Talbot County	License Number:	



Talbot County Board of Electrical Examiners

215 Bay Street, Suite 3 Easton, Maryland 21601 Phone: 410-770-6840

Fax: 410-770-6843

Two-Year Electrical License Renewal Application for July 31, 2020 For Last Name: K - Z. To Expire: JULY 31, 2022

For Last Name: K - Z	10 Expire: JULY 31, 2022
Check No.	Amount Paid
Master \$150.00	General \$100.00
Limited \$ 60.00	Shelved \$30.00
State specific type or types of electrical equipal Limited License:	ment to be installed if making application for a
In order for this to be considered a valid renew following:	val application, you must comply with the
1. State your current Talbot County lie	cense number at the top of this form.
2. Complete Applicant information be	
3. Sign and date the renewal application	
4. List employees on the application5. Submit a copy of your Photo ID.	If there are not any employees, state "none".
	his application. Checks must be made payable to
	address for application is Talbot County Board of
	et, Suite 3, Easton, Maryland 21601.
· · · · · · · · · · · · · · · · · · ·	wing a minimum of \$300,000 general liability,
	nbined policy for \$400,000. The certificate of
•	ured, not the firm or corporation. The certificate
holder should be listed as: The Tall	bot County Board of Electrical Examiners, 215 Bay

If your insurance expires in either June or July, please submit a continuation notice from your insurance company. Failure to comply with the above will result in an invalid renewal application and as such will be returned to you. In order to expedite the application please send all information under same cover. Incomplete applications will be returned.

Street, Suite 3, Easton, MD 21601.

If your name ends in K-Z and you have a 2-year Talbot County Electrician's license, it will expire on July 31, 2020. Renewal applications must be received prior to July 31, 2020 or a late fee will be charged at a rate of \$2.00 per day. Should such application not be received within 90 days of expiration, cancellation may occur at the discretion of the Board.

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rading under the name of:		
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ell Phone No		Fax No
mail Address:		
		Date:
f Incorporated:		
rincipal Office being locate	ed in:	
ame of President:		
esident Agent:		
icense Holder:		
mployee's Name:	Age:	Date and Year Started:
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_____ Check if an attachment is provided with this application. You may list additional employees on the attachment.